



PRODUCERS AG INS- Des Moines
7601 Office Plaza Dr N, Ste 125
West Des Moines, IA 50266

LOSS ADJUSTMENT CERTIFICATION FORM

Crop Year: 2012 Date: 05/30/12 Page 1 of 2

Complete and mail this form within (5) days (or within the timeframe specified by your Approved Insurance Provider) after: (1) all acreage in the unit has been put to another use, (2) completion of replanting on the unit for replanting payment, (3) for nursery, all Zero Market Value (ZMV) plants on the unit have been destroyed, or (4) any action to which you have certified as stated on this form.

Date Originated:

Return to (Adjuster's Name, AIP Name, Address, City, State, Zip):

INSURED'S NAME: BRUHN FARMS JOINT VENTURE		AGENCY: TERRY NIELSEN AGENCY		AGENCY CODE: 141252-00		CROP YEAR/POLICY NUMBER: 2012-19-687-733381	
STREET ADDRESS: 14535 WALNUT AVENUE		ADDRESS: PO BOX 87				FSA FN:	
CITY: MAPLETON	STATE: IA	ZIP: 51034	CITY: IDA GROVE	STATE: IA	ZIP: 51445	CROPS:	
PHONE: (712)882-2735	CELL:		PHONE: (712)384-2431			UNIT NUMBER/UNIT ACRES:	
IDENTIFICATION NUMBER: XX-0006925	IDENTIFICATION NUMBER TYPE: EIN	PERSON TYPE: Joint operations/ventures	INSURED'S AUTHORIZED REPRESENTATIVE: ALAN BRUHN				

Replant, destruction, or other use of acreage (plants of nursery) identified was completed on the date(s) shown.

0001-0005EN	Replant	60.0	Replant	60.0	0	6-1	50.00	NIR
0001-0006EN	Replant	105.0	Replant	105.0	0	6-2	50.00	NIR
0001-0007EN	Replant	55.0	Replant	50.0	0	5-24	50.00	NIR
0001-0007EN	Replant	40.0	Replant	50.0	0	6-3	50.00	NIR
0001-0008EN	Replant	175.00	Replant	175.0	0	6-1	50.00	NIR

Remarks:

Refer to the crop policy qualifications for replanting payments.

I certify that the damaged acreage cannot be mechanically harvested with normal harvest equipment and will not be harvested. If the crop is harvested after this certification, I understand I may be subject to the misrepresentation provisions in the crop insurance policy.

I certify that the acreage in Unit _____ will not be harvested and that the acreage will be put to use as stated in _____ (item location above) when there is sufficient soil moisture. I understand the acreage will not be reappraised by the AIP.

I certify that the damaged acreage that cannot be mechanically harvested with normal harvest equipment will not be harvested and if the acreage is cleaned it will be cleaned by the organization shown in the narrative of the claim form (or other USDA approved charitable organizations) and the insured will not receive any compensation from the organization. If I harvest the crop after this certification or receive compensation from the charitable organization, I understand I may be subject to the misrepresentation provisions in the crop insurance policy.



PRODUCERS AG INS- Des Moines
7601 Office Plaza Dr N, Ste 125
West Des Moines, IA 50266

LUSS ADJUSTMENT UNIT ADJUSTMENT
Crop Year: 2012 Date: 05/30/12 Page 1 of 2

Complete and mail this form within (5) days (or within the timeframe specified by your Approved Insurance Provider) after: (1) all acreage in the unit has been put to another use; (2) completion of replanting on the unit for replanting payment; (3) for nursery, all Zero Market Value (ZMV) plants on the unit have been destroyed; or (4) any action to which you have certified as stated on this form.

Date Originated: _____ Return to (Adjuster's Name, AIP Name, Address, City, State, Zip): _____

INSURED'S NAME: BRUHN FARMS JOINT VENTURE		AGENCY: TERRY NIELSEN AGENCY		AGENCY CODE: 141252-00		CROP YEAR/POLICY NUMBER: 2012-10-987-73381	
STREET ADDRESS: 14535 WALNUT AVENUE		ADDRESS: PO BOX 87				FSA FN:	
CITY: MAPLETON	STATE: IA	ZIP: 51034	CITY: IDA GROVE	STATE: IA	ZIP: 51445	CROP(S):	
PHONE: (712)892-2735	CELL: xx-xx-xx-xx	PHONE: (712)364-2431				UNIT NUMBER/UNIT ACRES:	
IDENTIFICATION NUMBER: xx-xx-xx-xx	IDENTIFICATION NUMBER TYPE/PERSON TYPE: Joint operations/Ventures		INSURED'S AUTHORIZED REPRESENTATIVE: ALAN BRUHN				

Replant, destruction, or other use of acreage (plants of nursery) identified was completed on the date(s) shown.

Field Identification Symbol	Intended Use	Acres	Actual Use	Acres	Date	Replant Costs per Acre	Practice/Type or Class
0001-001464	Replant	40.0	Replant	40.0	5-29	50.00	NTIR
0001-00027	Replant	220.0	Replant	220.0	6-4	50.00	NTIR
0001-00031	Replant	70.0	Replant	70.0	6-4	52.00	NTIR
Totals		765.00		765.00			

Remarks:

Refer to the crop policy qualifications for replanting payments.

I certify that the damaged acreage cannot be mechanically harvested with normal harvest equipment and will not be harvested. If the crop is harvested after this certification, I understand I may be subject to the misrepresentation provisions in the crop insurance policy.

I certify that the acreage in Unit _____ will not be harvested and that the acreage will be put to use as stated in _____ (item location above) when there is sufficient soil moisture. I understand the acreage will not be reappraised by the AIP.

I certify that the damaged acreage that cannot be mechanically harvested with normal harvest equipment will not be harvested and if the acreage is gleaned it will be gleaned by the organization shown in the narrative of the claim form (or other USDA approved charitable organizations) and the insured will not receive any compensation from the organization. If I harvest the crop after this certification or receive compensation from the charitable organization, I understand I may be subject to the misrepresentation provisions in the crop insurance policy.

Version 1.0
Revised: December 20, 2011

The insurance products offered by Producers Ag Insurance Group, Inc. d/b/a ProAg® may not be a complete list of all products offered and may not be offered in all states. ProAg prohibits discrimination on the basis of race, color, national origin, sex, religion, disability, political beliefs, and marital or family status.

© 2012 ProAg. All Rights Reserved.
PROAG-11500

LOSS ADJUSTMENT CERTIFICATION FORM

Cross Year: 2017 Date: 05/30/12 Page 2 of 2

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

AGENTS, LOSS ADJUSTERS AND POLICYHOLDERS

The following statement of conduct for producers of Federal crop insurance is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested or documents established by Rules or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to offer Federal crop insurance. The information is necessary for RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, for enforcement purposes, audits or administrative review, except agencies, including administrative, judicial, AIPs, contractors and cooperator. Confidentiality Information Management System (CIMS), congressional offices, or articles under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the revocation of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC. Federal regulations or RMA-approved procedures and the denial of program eligibility or benefits denied therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-6410, or call (800) 795-5272 (voice) or (202) 720-6390 (TDD). USDA is an equal opportunity provider and employer.

PRODUCERS AG INSURANCE GROUP PRIVACY NOTICE

The ProAg Insurance Group (ProAg Group) is committed to respecting the individual privacy of our policyholders and their significant beneficial interest owners (Customers). We collect nonpublic personal information about Customers from information we receive from them such as information provided on applications or other forms, which may include name, address and social security numbers and from third parties such as a consumer reporting agency. To serve our Customers and to service our business our employees have access to Customers' personal information in the course of doing their job and we may share or disclose non-public personal information about the Customers to affiliates within the ProAg Group or with non-affiliated third parties with whom we have a contractual relationship such as agencies within the United States Department of Agriculture, with your insurance agent and other insurance companies or with banks where a written permission to transfer such information has been granted by the policyholder. We may also share nonpublic personal information with affiliates and non-affiliated third parties as permitted by law. The ProAg Group will not sell or share your personal information with anyone for purposes unrelated to our business functions without our offering to the Customer the opportunity to "opt-out" or to "opt-in" as required by law.

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to avoidance of the policy, and in criminal or civil penalties. (18 U.S.C. 1006 and 1014; 7 U.S.C. 1506; 31 U.S.C. 3729, 3730 and any other applicable federal statutes).

I understand that the information on this form may be used for processing the claim which I previously signed.

<input checked="" type="checkbox"/>	Insured's Printed Name	<input checked="" type="checkbox"/>	Insured's Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Loss Adjuster's Printed Name	<input checked="" type="checkbox"/>	Loss Adjuster's Signature	<input checked="" type="checkbox"/>	Loss Adjuster Code	<input checked="" type="checkbox"/>	Date

For Office Use Only:

<input checked="" type="checkbox"/>	Accepted	<input checked="" type="checkbox"/>	Rejected	<input checked="" type="checkbox"/>	Second Inspection